



## State of New Jersey

DEPARTMENT OF LAW AND PUBLIC SAFETY

DIVISION OF CONSUMER AFFAIRS

NEW JERSEY BOARD OF NURSING

124 HALSEY STREET, 6TH FLOOR, NEWARK, NJ

<http://www.state.nj.us/lps/ca/home.htm>

JAMES E. MCGREEVEY  
*Governor*

DAVID SAMSON  
*Attorney General*  
RENI ERDOS  
*Director*

### INFORMATION FOR PRACTICAL NURSE LICENSURE BY EXAMINATION APPLICATION PROCESS

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*Mailing Address:*  
P.O. Box 45010  
Newark, NJ 07101  
(973) 504-6430

Enclosed is an Application Packet for NCLEX-PN. Read all of the directions carefully and return the completed Official Application for Practical Nurse Licensure by Examination back to the Board of Nursing and the Beta Phase NCLEX Examination Registration Form to NCLEX (envelope for NCLEX provided.)

#### **Please submit the following to the Board of Nursing**

1. Notarized Board of Nursing Application with \$75.00 fee, money order or certified check, to:

The New Jersey Board of Nursing  
P.O. Box 45010  
Newark, NJ 07101

2. One passport type photograph. Sign name on the front of the picture. Do not write over the facial features.

#### **U.S. EDUCATED CANDIDATES**

An official letter of program completion must be sent directly to the Board of Nursing Office from the school. It must be signed by the program chair and must be sealed with the official school seal.

#### **FOREIGN EDUCATED CANDIDATES**

In addition to the above criteria, the following are required:

1. A copy of your Practical Nurse license from your country of education.
2. A Nursing and Science Course By Course Report from the Commission on Graduates of Foreign Nursing Schools (CGFNS) validating your secondary and nursing education.
3. A valid certificate of successful completion of TOEFL with a score of 540 (pencil and paper exam) or 207 (computerized version).
4. You must request copies of the Course By Course Report and the TOEFL results be sent to the Board of Nursing by CGNS. Your application will not be processed without these documents.

## **FEES**

1. Fees are for this exam only and are not refundable.
2. An application with a fee that is incorrect will be returned.

An application that is not complete will be returned. Please notify the Board of Nursing of Name and/or Address changes.

## **(NCS Pearson) NCLEX Examination Candidate Bulletin**

1. NCLEX Applications may be completed online (<http://www.vue.com/nclex>), via telephone ((866) 496- 2539) or sent in by mail. Directions can be found on the inside cover of the NCLEX Examination Candidate Bulletin. If you decide to mail in the application complete and submit it with the \$200 testing fee.
2. Copies of the Candidate Bulletin are available on line through the National Council of State Boards of Nursing website (see below).

## **CHILD SUPPORT FORM**

A Child Support Form is required to be completed and returned to the Board of Nursing by all applicants. Failure to complete this form may delay the licensing process.

**Evaluation Services:** Commission on Graduates of Foreign Nursing Schools ( CGFNS (215) 349-8767).

### **Website:**

National Council of State Boards of Nursing <http://www.ncsbn.org> (GOTO: site map; testing services; candidates; pre-NCLEX; Candidate Bulletin)

### **Questions:**

Address questions to Ms. Gregoria Marrero at (973) 504-6506 or Mr. George Hebert at (973) 504- 6516.

12/02 PN Application Letter

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## New Jersey Board of Nursing

124 Halsey Street, PO Box 45010

Newark, NJ 07101

(973) 504-6516

### Official Application for Practical Nurse Licensure by Examination

Please print. Answer all questions.

1. Name \_\_\_\_\_ ( \_\_\_\_\_ )  
*First Middle Last Maiden Name*

2. Address \_\_\_\_\_  
*Street City State ZIP County*

3. Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_  
*Month Day Year City State*

**Privacy Act Notice:** You are hereby notified pursuant to the Privacy Act (5 U.S.C. §552a (note)(b)) that disclosure of your Social Security number in this application form is voluntary. The Board of Nursing is making this request pursuant to the Nurse Practice Act, N.J.S.A. 45:11-23 et seq. The Board intends to utilize the Social Security number only to verify the identity of an applicant or licensee.

4. Social Security Number \_\_\_\_\_ Telephone Number \_\_\_\_\_

5. School of Practical Nursing \_\_\_\_\_

Address \_\_\_\_\_  
*Street City State ZIP County*

Type of Program \_\_\_\_\_ Diploma Acquired \_\_\_\_\_ Length of Program \_\_\_\_\_

Date of Entrance \_\_\_\_\_ Date of Successful Completion \_\_\_\_\_  
*Month Year Month Year*

6. High School \_\_\_\_\_ Location \_\_\_\_\_

Date Graduated \_\_\_\_\_ High School Equivalency \_\_\_\_\_  
*Month Year Score Month Year*

7. Are you licensed in any other state or foreign country? YES ☐ NO ☐ If "YES," where \_\_\_\_\_

8. Have you ever taken the state board examination in New Jersey or any other state? YES ☐ NO ☐

If "YES," where \_\_\_\_\_ when \_\_\_\_\_ under what name \_\_\_\_\_

9. Have you ever applied for a license in New Jersey or any other state? YES ☐ NO ☐

If "YES," where \_\_\_\_\_ under what name \_\_\_\_\_

10. Have you ever been denied a license in New Jersey or any other state? YES ☐ NO ☐

License applied for \_\_\_\_\_ reason for denial \_\_\_\_\_ date \_\_\_\_\_

Under what name \_\_\_\_\_

*Any file inactive for one year or longer will be destroyed.*

**Official  
Use  
Only**

Fee date \_\_\_\_\_

Date \_\_\_\_\_

Money Order \_\_\_\_\_

Reexam \_\_\_\_\_

License Number \_\_\_\_\_

\_\_\_\_\_

Paste photograph here.

Do not use scotch tape.

Face must be one-inch long.

Regular PASSPORT photograph.

Background white,  
features clear cut.

Sign your own name on the front of the photograph.  
Do not write on the features of the photograph.

You must answer all of the following questions. If you answer yes to any of these questions you must attach relevant documentation (complaint, court order/decision, certification of any termination of probation, etc.). If your license has been reinstated, attach a copy of the reinstatement order.

11.

Has any action ever been taken against your nursing license by any state licensing board or federal agency?

YES ☐

NO ☐
12.

Is there any action pending against your nursing license by any state licensing board or federal agency?

YES ☐

NO ☐
13.

Have you ever been permitted to surrender or otherwise relinquish your nursing license to avoid injury, investigation or action by any state licensing board or federal agency?

YES ☐

NO ☐
14.

Have you ever been arrested, indicted or convicted for the violation of any law or regulation withing the last 10 years? (Minor traffic offenses such as parking or speeding violations need not be listed. However, motor vehicle offenses such as driving while impaired or intoxicated must be disclosed.) **If yes, explain in an accompanying letter along with a certified copy of the court record.**

YES ☐

NO ☐

**It is your continuing responsibility to keep this Board informed of any and all changes in your status.**

**Affidavit**

The person whose signature appears below hereby agrees to release any and all educational records upon the request of the New Jersey Board of Nursing. The applicant further authorizes the Board of Nursing to release his/her examination results to his/her educational program or any other entity required by law. The applicant personally appeared before me and, being duly sworn, says that he/she is the person referred to in the foregoing application for a license as a Practical Nurse in the State of New Jersey. The applicant further attests that he/she has read and understands this affidavit and that all questions contained herein have been answered completely and truthfully to the best of his/her knowledge and beliefs.

Sworn & Subscribed before me

this      day of      

Month

Year

Applicant's Signature

Signature of Notary Public



**State of New Jersey**  
DEPARTMENT OF LAW AND PUBLIC SAFETY  
DIVISION OF CONSUMER AFFAIRS  
NEW JERSEY BOARD OF NURSING  
124 HALSEY STREET, 6TH FLOOR, P.O. BOX 45010  
NEWARK, NEW JERSEY 07101  
(973) 504-6430

## Child Support Questions

*Please certify, under penalty of perjury, the following:*

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1. Do you currently have a child-support obligation?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| a. If "Yes," are you in arrears in payment of said obligation?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. If "Yes," does the arrearage match or exceed the total amount payable for the past six months?       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Have you failed to provide any court-ordered health insurance coverage during the past six months?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Have you failed to respond to a subpoena relating to either a paternity or child-support proceeding? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Are you the subject of a child-support-related arrest warrant?                                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

In accordance with N.J.S.A. 2A:17-56.44d, an answer of "Yes" to any of the questions numbered 1a through 4 will result in a denial of licensure. Furthermore, any false certification of the above may subject you to a penalty, including, but not limited to, immediate revocation or suspension of licensure.

\_\_\_\_\_  
Applicant's name (please print)

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

**\*Social Security Number:**      \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

You **must** disclose your Social Security number for the reasons stated below. Failure to do so may result in a denial of licensure or license renewal.

\*Pursuant to N.J.S.A. 2A:17-56.44e of the New Jersey child support enforcement law, N.J.S.A 54:50-25 of the New Jersey taxation law and Section 1128 E(b)(2)A of the Social Security Act, the Board or licensing agency to which this form is submitted is required to obtain your Social Security number. If you do not have a Social Security number, the Board must ascertain the reason that you do not have one. The Board is further obligated to provide your Social Security number to the Director of Taxation, the Probation Division or other agency responsible for child support enforcement and the HIP Data Bank when reporting adverse actions.

You are also being asked to consent, on a voluntary basis, to the use of your Social Security number for the additional reasons stated below.

You are notified that under the Federal Privacy Act (5 U.S.C. Section 552a (note (b))), the Board or licensing agency to which this form is submitted is requesting the voluntary disclosure of your Social Security number. If you give your consent for the use of your Social Security number, it may be used: to verify the identity of an applicant, to aid in the collection of financial obligations due and owing the Board or any other state agency, and to aid in the disclosure to state or federal law enforcement and licensing officials and agencies of information obtained in investigations pertaining to licensure and disciplinary proceedings.

I, \_\_\_\_\_,      ☐ Consent      ☐ Do Not Consent  
Applicant's signature

to the use of my Social Security number for any of the additional purposes set forth above. I understand that my consent is voluntary and that if I do not consent, no adverse action or inference will be taken or drawn.